

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Patent Number	6,248,390
Filing Date	February 22, 2000
First Named Inventor	Suzanne J. STILLMAN
Group Art Unit	1761
Examiner Name	BHAT, N.
Attorney Docket Number	16019.900100 (formally 356007.00100)

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.
The reasons for this request are:

Applicant's failure to pay legal fees.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Suzanne J. STILLMAN				
Address	1712 Barrington Avenue, #4				
Address	[address2]				
City	Los Angeles	State	CA	ZIP	90025
Country	USA				
Telephone	(310) 979-7101	Fax	(310) 979-7103		

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number 45783

This request is enclosed in triplicate (including any attachments).

Name	Stefan J. Kirchanski
Signature	/Stefan J. Kirchanski/
Date	06/15/06

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.